

XC - NOT ELIGIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12809

State File No. \_\_\_\_\_

FILED MAR 20 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>709</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS COUNTY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFF. BRKS. MO.</u>		c. LENGTH OF STAY (In this place) <u>2 Mln.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ARNOLD</u>		<u>8950</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET. ADM. HOSP.</u>				d. STREET ADDRESS <u>RT #2</u> (If rural, give location) <u>/</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>			b. (Middle) <u>E.</u>		c. (Last) <u>HAGESTORF</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3/1/53</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>3/26/94</u>	9. AGE (In years last birthday) <u>58 yrs.</u>	# UNDER 1 YEAR # UNDER 1 MTH. Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WORLD I</u>		16. SOCIAL SECURITY NO. <u>UNK.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>V. A. HOSPITAL RECORDS,</u> ADDRESS <u>JEFF. BRKS, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GENERALIZED ARTERIOSCLEROSIS, ADVANCED</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>MULTIPLE MYELOMA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>          <u>UNKNOWN</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<u>4500H</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>V.A.</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3/1/</u> , 19 <u>53</u> , to <u>3/1</u> , 19 <u>53</u> , and that death occurred at <u>9:32p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>N.H. ZELIER, M.D.</u>		23b. ADDRESS <u>V.A. HOSPITAL JEFF. BRKS. MO.</u>		23c. DATE SIGNED <u>3-2-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 5-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FRIEDENS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>8900 N. Broadway. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-4-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Danks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HEILIGTAG FUNERAL HOME, IMPERIAL</u> ADDRESS <u>MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 22 1954

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Elmer Heiligtag

Licensed Embalmer No. 3571

P. O. Address Imperial MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.